

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564823

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2							
3							
4							
5							
6							
7			1				
8							
9							
10			1				
11							
12							
13							
14			1				
15							
16							
17			1				
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41							
42			1				
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.			5				
TOTAL DEP.		↔	37	↔			
TOTAL CLAIMS			42				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.		↔		↔			
TOTAL CLAIMS							